


REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)			This RFQ <input type="checkbox"/> is <input checked="" type="checkbox"/> is not a small Business set-aside			Page 1 of 35		
1.REQUEST NO SB1335-01-Q-0740		2.DATE ISSUED Jun 12, 2001		3.REQUISITION/PURCHASE REQ NO. 01-909-0066		4. CERT FOR NAT. DEF. UNDER BDSA REG 2 AND/OR DMS REQ. 1		RATING
5a. ISSUED BY NATIONAL INST OF STDS AND TECHNOLOGY 100 BUREAU DRIVE STOP 3572 CONTRACTS BUILDING 301 ROOM B117 GAITHERSBURG MD 20899-3572						6. DELIVERY BY (Date)		
						7. DELIVERY		
						<input type="checkbox"/> FOB Destination <input checked="" type="checkbox"/> Other (See Schedule)		
5b. FOR MORE INFORMATION CALL (No Collect Calls)						9. DESTINATION SCHED		
NAME WIDDUP, JOSEPH		Area Code 061		Telephone 301 975-6324		a. NAME OF CONSIGNEE SEE SCHEDULE BELOW		
8. TO						b. STREET ADDRESS		
a. NAME Robert Poulin			b. COMPANY NeuStar, Inc.					
c. STREET ADDRESS 1120 Vermont Avenue, NW Suite 400								
d. CITY Washington				e. STATE DC		f. ZIP CODE 20005		d. STATE e. ZIP CODE
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS (DATE) Jul 27, 2001			IMPORTANT: This is a request for information and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5A. This request does not commit the Government to pay any costs incurred in the the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by Any representations and/or certifications to this Request for Quotations must be completed by the quoter.					
11. SCHEDULE (Indicate applicable Federal, State and local taxes)								
ITEM NO. (a)	SUPPLIES/SERVICES (b)			QUANTITY (c)	UNIT (d)	UNIT PRICE (f)		AMOUNT (f)
0001	The Contractor must perform the services required by the SOW Period of Performance: Base Period (4 years, beginning on the date of purchase order award)			4	YR	\$0.00		\$0.00
0002	The Contractor must perform the services required by the SOW Period of Performance: Option Period One (365 days, beginning the day after the Base Year expires)			1	YR	\$0.00		\$0.00
0003	The Contractor must perform the services required by the SOW Period of Performance: Option Period Two (365 days, beginning the day after the Base Year expires)			1	YR	\$0.00		\$0.00
12. DISCOUNT FOR PROMPT PAYMENT			a. 10 Calendar Days (%)	b. 20 Calendar Days (%)	c.30 Calendar Days (%)	D. CALENDAR DAYS		
						NUMBER	PERCENTAGE	
NOTE: Additional provisions and representations			<input checked="" type="checkbox"/> are	<input type="checkbox"/> are not attached.				
13. NAME AND ADDRESS OF QUOTER				14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION			15. DATE OF QUOTATION	
a. NAME OF QUOTER NeuStar, Inc. DUNS-11-240-3295								
b. STREET ADDRESS 1120 Vermont Avenue, NW, Suite 400								
c. COUNTY				16. SIGNER			b. TELEPHONE	
				a. NAME (Type or print) Robert Poulin			AREA CODE Redacted	
d. CITY Washington		e. STATE DC	f. ZIP CODE 20005	c. TITLE (Type or print) Vice President			NUMBER Redacted	
AUTHORIZED FOR LOCAL REPRODUCTION				STANDARD FORM 18 (Rev. 6/95)				